LANDLORD REFERENCE CHECK FORM

Name: Company/Relationship:	Date:Applicant:
	Development Name:
Phone #:Address (if mailing):	
I authorize	its subsidiaries, or its managing agents to investigate my tlimited to, the questions listed below.
Signature	Date
Signature	Date
To be completed by landlord	
Dates of residency: From to	. Total number of months
1. Did the resident pay their rent on time?	
2. How much rent was paid each month by this resident?_	
Did you receive a security deposit? How much of it was returned to the resident?	
4. Did the resident, their guests, or their family damage the Did they pay for the damages?A	apartment or the property? mount of damages \$
5. Were the police ever called as a result of the disturbation Comments:	
7.7. Does the resident have pets or other potential problems	that may be important for a landlord to know?
8. Did the resident violate the lease agreement in any way?	
 Did the resident give you proper notice for vacating?	
10. Would you re -rent to this resident?	
11. What previous address do your records indicate?	
Comments:	
Signature:	Date:
Title:	Company:

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